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PTO/SB/21 (01-08)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

163

Application Number

10/084,892

Filing Date

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First Named Inventor

Chakravarti, Shukti

Art Unit

1639

Examiner Name

Liu, Sue Xu

Attorney Docket Number

021825-004720US

## ENCLOSURES (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                             |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences      |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):          |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Communication under 37 CFR 1.821-1.825 and Amendment                                     |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Sequence Listing - computer readable copy, and paper copy                                |
|   | <input type="checkbox"/> Landscape Table on CD  | copy of notice to be returned postcard   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | Remarks   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature	<i>Joe C. Hao</i>		
Printed name	Joe C. Hao		
Date	2-8-08	Reg. No.	55,246

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	<i>Jennifer K. Hardin</i>		
Typed or printed name	Jennifer K. Hardin	Date	2-8-08